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ATTORNEY DOCKET NO.

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: →	PROCESS FOR PRODU	PROCESS FOR PRODUCING IMMUNOGLOBULINS FOR INTRAVENOUS						
	ADMINISTRATION AN	D OTHER IMMUNOGL	OBULIN PRODUCTS					
Fill in Appropriate Information —	the specification of which is attached	hereto. If not attached hereto,						
For Use →	-	led onJune 9. 1	999	as				
Without			.497					
Specification	and amended on		(if appl					
Attached:		on	\ \ \ II	as PCT				
	International Application	Number		; and was				
	amended under PCT Arti	cle 19 on		(if applicable)				
er and	amended by any amendment referred I acknowledge the duty to disclo	d to above.	of the above identified specification patentability as defined in Title 37, Co					
1.0	§1.56.							
er verschipt dag general steller in der steller in	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.							
15 16 Wa	I hereby claim foreign priority b	enefits under Title 35. United State	es Code, §119 (a)-(d) of any foreign	application(s) for patent or				
	inventor's certificate listed below as							
1. The	filing date before that of the applica	tion on which priority is claimed:						
Insert Priority	Prior Foreign Application	(s)		Priority Claimed				
Information:	98201909.3	Europe	6/9/1998 (Month / Day / Year Filed)					
(if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
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	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
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	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
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	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
Insert Provisional Application(s): →	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.							
(if any)		(Application Number)		(Filing Date)				
		(Application Number)		(Filing Date)				
	All Foreign Applications, if any, for		Filed More than 12 Months (6 Mon					
	Filing Date of This Application:	an, a mant or miromore continuate	(O INOM	and tot Doorgino, throw to the				
	Country	Application N	Date of	Filing (Month / Day / Year)				
Insert Requested Information:	- County	Application N	inder Date of 1	Tilling (World! / Day / Teat)				
Insert Prior U.S. Application(s):	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
(if any) →	60/102,055 (Application Number)	September 28 (Filing Date)	, 1998 (Status—nat	ented, pending, abandoned)				
	Cappanes summer	(ring Date)	(Sauta — par					
	(Application Number)	(Filing Date)	(Status — na	tented, pending abandoned)				

I hereby appoint the fc ng attorneys to prosecute this application and/or an int ional application based on this application and to transact all business it. the Patent and Trademark Office connected therewith and it. Innection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	2		DATE*	
Insert Name of Inventor	Inga I	LAURSEN	Muga	Laurs	en	19/7/99	
Insert Date This Document is Signed	Residence (City, State & Country)		0		CITIZENSHIP		
Insert Residence -> Insert Citizenship	Hellerup	Denmar	k		Danish		
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	Odense C Denmark		k	Danish		1	
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Full Name of Third	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE			DATE*	
Inventor, if any see above							
20 000	Residence (City, State & Country)				CITIZENSHIP		
	PDST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Fourth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE			OATE*	
see above					CITIZENSHIP		
	Residence (City, State & Country)				GITIZENSHIP		
	PDST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
						T	
Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE			DATE*	
see above					CITIZENSHIP		
	Residence (City, State & Country)				GITIZENSHIF		
	PDST DFFICE ADDRESS (Complete Street Address including City, State & Country)						
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(Revised 11-98)	* DATE OF SIGNATURE						